

Case Number:	CM14-0058401		
Date Assigned:	07/09/2014	Date of Injury:	05/28/2009
Decision Date:	09/05/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 28, 2009. Thus far, the applicant has been treated with the analgesic medications; attorney representation; attorney representation; unspecified amounts of physical therapy; a total knee arthroplasty; and topical compounded medications. In a utilization review report dated April 1, 2014, the claims administrator denied a request for topical compounded medication, citing a variety of a non-MTUS ODG Guidelines in its denial. The claims administrator also cited the now-renumbered MTUS 9792.20E. The applicant's attorney subsequently appealed. In a March 18, 2014 progress note, the applicant reported persistent complaints of knee pain six weeks removed from the total knee arthroplasty procedure. Postoperative physical therapy was sought. It was stated that the applicant had currently retired. On March 26, 2014, the applicant was given a prescription for topical Terocin, through prescription form, which employed preprinted checkboxes. In a request for authorization forum dated February 24, 2014, the attending provider sought authorization for Celebrex and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Compound Anti-Inflammatory cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines 2. MTUS page 111, Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, the applicant's ongoing usage of multiple first line oral pharmaceuticals, including Norco and Celebrex, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems 'largely experimental' topical compounds such as the agent in question. It is further noted that the ingredients and composition of the compound in question have not been furnished. Therefore, the request is not medically necessary.